
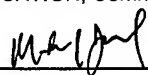


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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.: 17101.0003U2																																				
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility application contents</small>		First Inventor: Stephen N. Ober																																				
		Title: SYSTEM AND METHOD FOR GENERATING DE-IDENTIFIED HEALTH CARE DATA																																				
		Express Mail Label No.: EL970609331US																																				
		ADDRESS TO: Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																				
1. <input checked="" type="checkbox"/> Specification [Total Pages 26] (Includes description, claims, and abstract)		6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large tables or Computer Program (Appendix)																																				
2. <input checked="" type="checkbox"/> Drawings [Total Sheets 10]		ACCOMPANYING APPLICATION PARTS: 7. <input type="checkbox"/> Copy of Assignment 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) 9. <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement/PTO-1449 <input type="checkbox"/> Copies of IDS Citations [Total Citations ____] 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 14. <input type="checkbox"/> Nonpublication Request under 35 USC 122(b)(2)(B)(i) (Must attach form PTO/SB/35 or equivalent). 15. <input type="checkbox"/> Authorization to Treat Reply Requiring Extension of Time as Incorporating Petition for Extension of Time 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 17. <input type="checkbox"/> Other: _____ _____ _____																																				
3. <input type="checkbox"/> Oath or Declaration [Total Pages ____] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 20B completed)																																						
4. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 [Total Pages ____]																																						
5. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) --OR-- <input type="checkbox"/> Statement under 37 CFR 1.821(e) (see Box 21 for statement) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper [Total Pages ____] c. <input type="checkbox"/> The contents of the computer readable form of the sequence listing and the sequence listing in the specification of the application are the same.																																						
18. The FILING FEE is calculated as follows: (Claims as filed, less any claims cancelled by Amendment)																																						
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Claims</th><th>Number Filed</th><th>Number Extra</th><th>Rate</th><th>\$770.00 (Basic Fee)</th></tr></thead><tbody><tr><td>Total claims</td><td>[] - 20 =</td><td></td><td>X \$18.00</td><td>\$</td></tr><tr><td>Independent claims</td><td>[] - 3 =</td><td></td><td>X \$86.00</td><td>\$</td></tr><tr><td colspan="3" style="text-align: center;">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td><td>+ 290.00</td><td>\$</td></tr><tr><td colspan="4" style="text-align: center;">TOTAL OF ABOVE CALCULATIONS =</td><td>\$</td></tr><tr><td colspan="4"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees are reduced by 1/2.</td><td>\$</td></tr><tr><td colspan="4" style="text-align: center;">TOTAL FILING FEE =</td><td>\$</td></tr></tbody></table>				Claims	Number Filed	Number Extra	Rate	\$770.00 (Basic Fee)	Total claims	[] - 20 =		X \$18.00	\$	Independent claims	[] - 3 =		X \$86.00	\$	MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ 290.00	\$	TOTAL OF ABOVE CALCULATIONS =				\$	<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees are reduced by 1/2.				\$	TOTAL FILING FEE =				\$
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19. Payment: <input type="checkbox"/> A check in the amount of \$_____ is enclosed. <input type="checkbox"/> Credit Card Payment Form PTO-2038 Authorizing Payment in the amount of \$_____ is enclosed. <input type="checkbox"/> The Commissioner is hereby authorized to charge any additional amount due or credit any overpayment to Deposit Account No._____																																						

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20A.	<input type="checkbox"/>	This application is an original application (<u>not</u> a continuation, divisional or continuation-in-part).
20B.	<input checked="" type="checkbox"/>	<p>This application is a <input type="checkbox"/> continuation-in-part / <input checked="" type="checkbox"/> continuation / <input type="checkbox"/> divisional of prior Application No. 09/665,420.</p> <p>The prior application was assigned to Examiner Hassan Mahmoudi, Group Art Unit 2175.</p> <p>The entire disclosure of the prior application is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference.</p> <p><input checked="" type="checkbox"/> This application is a continuation application that:</p> <ul style="list-style-type: none">(i) names as inventors the same or fewer than all the inventors named in the prior application; and(ii) contains no matter that would have been new matter in the prior application; and(iii) a copy of the executed oath or declaration in the prior application, showing the signature or an indication thereon that it was signed: <div style="margin-left: 40px;"><input type="checkbox"/> is enclosed. <input checked="" type="checkbox"/> will follow.</div> <p><input type="checkbox"/> This application is a continuation or divisional application (<u>not</u> a continuation-in-part) that is being filed by less than all the inventors named in the prior application. In accordance with 37 C.F.R. §1.63(d)(2), the Commissioner is requested to delete the name(s) of the following person who are not inventors of the invention being claimed in this application:</p> <p>_____</p> <p><input type="checkbox"/> This application is a continuation-in-part, continuation or divisional application naming an inventor not named in the prior application. A newly executed oath or declaration: <div style="margin-left: 40px;"><input type="checkbox"/> is enclosed. <input type="checkbox"/> will follow.</div></p>
21.	<input type="checkbox"/>	<p>A sequence listing in computer readable form in compliance with 37 C.F.R. §§ 1.821-1.825 was submitted on _____ in prior Application No. _____, filed _____.</p> <p>Pursuant to 37 C.F.R. § 1.821(e), applicant hereby requests that the computer readable form of the sequence listing submitted in the above-referenced prior application be used as the computer readable form of the sequence listing for the new application. The paper or compact disk copy of the Sequence Listing in the new application is identical to the computer readable copy filed in the prior application.</p>
22.	<input type="checkbox"/>	<p>This application claims foreign priority benefits under 35 USC 119(a)-(d) or 365(b) of any foreign application(s) listed below, or under 35 USC 365(a) or 365(b) of any PCT application listed below.</p> <p>Application No. _____ Country: _____ Day/Month/Year Filed: _____</p>
23. Address all correspondence to the address associated with: CUSTOMER NO. 23859		
Name of Attorney/Agent: Gregory J. Kirsch		Registration No.: 35,572
Signature: 		Date: 15 MARCH 2004
<p style="text-align: center;">Certificate of Express Mailing Under 37 C.F.R. § 1.10</p> <p>I hereby certify that this correspondence, including any items indicated as attached or included, is being deposited with the United States Postal Service as Express Mail, Label No. EL970609331US, in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;"> _____ Michael Laird</div><div style="width: 40%; text-align: right;"><div style="display: flex; align-items: center;"><div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;"></div><div style="text-align: center;">3/15/04</div></div><div style="text-align: center; font-size: small;">Date</div></div></div>		